



The Commonwealth of Massachusetts  
Division of Professional Licensure  
[www.mass.gov/dpl/boards/mt](http://www.mass.gov/dpl/boards/mt)  
**Board of Registration of Massage Therapy**  
(617) 727- 1747  
239 Causeway Street  
Boston MA 02114

**LICENSE APPLICATION**  
[READ INSTRUCTIONS, THEN PRINT OR TYPE]

1. Applicant Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Other Name: \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

3. Business Address (If Applicable): \_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

4. Which address should appear on your license? Permanent ☐ Business ☐

5. Date of Birth: \_\_\_\_\_

6. E-mail: \_\_\_\_\_

7. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

8. Educational Background:

High School Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Year: \_\_\_\_\_

Massage Therapy School: \_\_\_\_\_  
Location: \_\_\_\_\_ Year: \_\_\_\_\_

9. Professional Experience:

Number of Years of Paid Professional Practice: \_\_\_\_\_

10. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction outside Massachusetts in which you have been licensed/certified, indicating the status of your license and any disciplinary information. \_\_\_\_\_

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

15. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

NOTE: The Board is awaiting certification by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process and during the term of your licensure. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Massage Therapy to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Notary Name (print)\_\_\_\_\_

Notary Signature\_\_\_\_\_Commission expires: \_\_\_\_\_

YOU MUST INCLUDE THIS  
**APPLICATION CHECKLIST**  
WITH YOUR APPLICATION

Please check each box:

- ☐ I have read the separate instructions.
- ☐ I am enclosing a completed (signed & notarized) "License Application" form.
- ☐ I am enclosing an official, sealed transcript (minimum 500 hours training).
- ☐ I am enclosing two Letters of Reference.
- ☐ I am enclosing my \$1,000,000 liability insurance Policy Declarations page.
- ☐ I am enclosing a \$225.00 Check/Money Order payable to: **Commonwealth of MA.**

**MANDATORY**

**My social security number is:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

*Mail your application materials to:*  
*Board of Massage Therapy, 239 Causeway Street, 5<sup>th</sup> floor, Boston, MA 02114*